

# Council of Governors in Public

Thu 10 July 2025, 09:00 - 11:00

Burrage Centre, Lecture Theatre

## Quorum

7 Governors, with at least 4 from the Public Constituency

## Agenda

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### 09:00 - 09:05 **1. Introduction** 5 min

#### **1.1. Chair's Welcome and Apologies for Absence**

*To Note*                  *Chair*

- Shane Gordon, Executive Managing Director - another executive will be in attendance
- Charlie Helps, Trust Secretary
- Harry Hicks, Staff Governor
- Luis Tavares, Public Governor
- Samantha Chenery-Morris, Appointed Governor
- David Beavan, Appointed Governor
- Sally Collier, Senior Independent Director
- Jason Selvarajah, Non-executive Director
- Caitlin Notley, Non-executive Director

##### **1.1.1. Declarations of Interest**

*To Note*                  *Chair*

#### **1.2. Brief update from Governors pre meet**

*Information*                  *Ian Clayton, Lead Governor*

### 09:05 - 09:10 **2. Minutes and Matters Arising** 5 min

*Information*                  *Chair*

- 16 May 2025
- Actions - none outstanding

 2 Minutes\_Council of Governors in Public\_160525 DRAFT for MF review.pdf (7 pages)

### 09:10 - 09:40 **3. Chair's and Executive Managing Directors Briefings** 30 min

#### **3.1. Chair's Briefing - Verbal**

*Briefing*                  *Chair*

(15 minutes)

#### **3.2. Managing Directors Briefing**

*Briefing*                  *Chief Executive*

(15 minutes)

 3.1 MASTER EMD CoG Report 2025-07-10 OC - V2.pdf (12 pages)

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## 09:40 - 10:20 4. Non-executive Directors' Reporting

40 min

To Note NEDs

### 4.1. Committee Chairs' Activity Reports

To Note Committee Chairs

- Patient Safety and Quality Committee
- People and Culture Committee
- Finance and Performance Committee
- Audit Committee

(10 minutes each)

 4.1 Board Committee Chair Reports 2025-06.pdf (6 pages)

 4.1. Audit Committee Chair's Report 2025-06.pdf (2 pages)

## 10:20 - 10:35 5. Partnership and Stakeholder Updates

15 min

### 5.1. Governors' local updates

Information Chair

#### 5.1.1. Others

Information Governors

(5 Minutes)

## 10:35 - 10:40 6. Any Other Business and Questions from the Public

5 min

Information Chair

## 10:40 - 10:45 7. Meeting Review

5 min

### 7.1. Reflection

Review Chair

- Meeting effectiveness - Is there anything we could have done better or differently?
- Values - Have we conducted ourselves in accordance with the Trust's values?

**Our Values** shape how we approach everything we do, and align to the NHS People Promise, which applies to everyone working in the NHS.

**Collaboration** - We work positively with others to achieve shared aims.

**Accountability** - We act with professionalism and integrity, delivering what we commit to, embedding learning when things for not go to plan.

**Respect** - We are anti-discriminatory, treating people fairly and creating a sense of belonging and pride.

**Empowerment** - We speak out when things don't feel right, we are innovative and make changes to support continuous improvement.

**Support** - We are compassionate, listen attentively and are kind to ourselves and each other.

## 10:45 - 10:50 8. Next Meeting

5 min

Information Chair

- Thursday, 13 November 2025, Lecture Theatre, Burrage Centre @ 09:00

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10:50 - 11:00 **9. Break before going into Private meeting**

10 min

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# Council of Governors in Public

Friday 16 May 2025, 09:30 - 11:30

MS Teams

## Attendees

### Council of Governors members

Mark Friend (Chair), Jose Bamonde (Public Governor), David Beavan (Appointed Governor), Samantha Chenery-Morris (Appointed Governor), Ian Clayton (Public Governor (Lead Governor)), Emma Flaxman-Taylor (Appointed Governor), Stuart Everett (Public Governor), Tony Goldson (Public Governor), Maria Grimmer (Public Governor), Harry Hicks (Staff Governor), Kevin Jordan (Public Governor), James Reeder (Appointed Governor), Luis Tavares (Public Governor), Robert Watson (Staff Governor)

### In Attendance

Jayne Geddes, Charlie Helps (Head of Corporate Affairs), Stephen Javes (Non-executive Director and Senior Independent Director (SID)), John Hennessey (Non-executive Director), Caitlin Notley (Non-executive Director), Susanne Lindqvist (Non-executive Director), Sally Collier (Non-executive Director), Shane Gordon (Executive Managing Director), Andrea Finegan, Jason Selvarajah

### Apologies

Peter Hargrave (Public Governor), Sarah Whiteman (Non-executive Director), Gary Walker (Staff Governor)

### Quorum

7 Governors, with at least 4 from the Public Constituency

## Meeting minutes

### 1. Introduction

#### 1.1. Chair's Welcome and Apologies for Absence

To Note

Chair

The Chair welcomed everyone and noted apologies received. Introductions were given. The Chair noted that Maria Grimmer would be leaving early, and Stuart Everett will attend throughout the meeting when able.

The Chair advised that the Staff Survey will not be discussed today as it needs to be presented to the Board in the first instance.

##### 1.1.1. Declarations of Interest

To Note

Chair

Shane Gordon advised that his wife works for a GP Practice Group in Colchester.

#### 1.2. Brief update from Governors pre meet

Information

Ian Clayton, Lead Governor (IC) advised that the engagement of Governors is high and that the NEDs buddying system is working well. Noted the positive engagement of Governors, including observation of boards and staff governors working hard to build their roles. Governors are aware of the pressures with the system changes.

He raised a concern about the lack of committee papers, which made it difficult for Governors to prepare questions. Mentioned that governors are actively asking questions and engaging in the process.

## 2. Minutes and Matters Arising

The minutes of the meeting held on 7 March 2025 were reviewed, and there were no disputes or questions raised. The minutes were taken as a true record and approved.

The Chair reviewed the actions from the previous meeting. All actions were proposed to be closed, and there were no objections or additional comments from the participants.

## 3. Chair's and Chief Executive's Briefings

### 3.1. Chair's Briefing

Briefing

Chair

The Chair mentioned that six appointments have been made to the group, including Lesley Dwyer Group Chief Executive, Shane Gordon Executive Managing Director at JPUH, Tracy Bleakley Executive Managing Director at NNUH, Jo Segasby as Chief Delivery Officer, and Marcus Thorman as Chief Finance Officer. These appointments are a mix of interim and permanent roles. The focus is on managing the transition to a new way of working and a new governance model over the next five months. He emphasised the importance of maintaining stability for management teams and delivering on the operating plan, which is challenging both financially and operationally. The first meeting of the Special Purposes Joint Committee (SPJC) will focus on performance, operating plans, and key projects like EPR, new hospital, and acute clinical strategy. He highlighted the high level of challenge in delivering the operating plan and the need to focus on patient care.

James Reeder (JR) emphasised the importance of working with external partners, such as local authorities and the new ICB, to ensure the best outcomes for residents. He highlighted the need to find time to collaborate with stakeholders and other organisations. The Chair acknowledged and agreed with the points raised.

Ian Clayton (IC) supported the chair's stance on ensuring stability for staff during the transition period. He highlighted the need for clear communication to avoid rumours and maintain staff confidence.

Robert Watson (RW) provided feedback on the positive reception of the Chair's YouTube shorts, noting that the informal style and accessibility on mobile devices were well-received by staff.

David Beavan (DB) asked about improving communication and knowing who to contact for specific issues. The Chair suggested funneling questions through to IC, Lead Governor.

### 3.2. Chief Executive's Briefing - Slides

Briefing

Nothing reported.

## 4. Non-executive Directors' Reporting

To Note

NEDs

### 4.1. Committee Chairs' Activity Reports - Verbal

To Note

People & Culture Committee - Stephen Javes (SJ) provided the following update:

- **Assurance:**
  - Substantial assurance from Freedom to Speak Up and Guardian of Safe Working.
  - Reasonable assurance across the Board Assurance Framework, risks, integrated performance report, and the people plan.
- **Staff Survey:**
  - Noted an outlier in maternity services, reflecting poorer performance compared to the rest of the trust.
  - Concerns about safe working staff levels in Ward 1, which have since been resolved with staffing level reviews and increases.

- **Sickness Absence:**
  - Remains high with a target reduction of 14%.
  - Appointment of a specialist worker to focus on sickness, starting in June.
- **Bands 5-6 Regrading:**
  - Expected to impact the people team in June, with budget considerations in place.
- **Freedom to Speak Up:**
  - Contract extended for another year.
- **Staff Well-being:**
  - Identified as a long-term theme from the Staff Experience Plan.
- **Vacancy and Turnover:**
  - Concerns in medical and dental areas, requiring careful monitoring.

Samantha Chenery-Morris (SCM) raised concerns about the maternity staff survey and assuming the survey results were historical and suggested triangulating with other metrics. SJ agreed and emphasised the ongoing monitoring and triangulation efforts.

JR inquired about resources to address identified problems with sickness and absenteeism. SJ and ShG explained the focus on understanding issues, supporting line managers, and the importance of training and education.

RW mentioned a staffing crisis in maternity. ShG clarified that staffing levels are now fully established, though cultural challenges remain.

Patient Safety & Quality Committee - Caitlin Notley (CN) provided the following update:

- **Assurance:**
  - Good assurance on the clinical audit plan and the Perinatal Mortality Review Tool.
  - Partial assurance on the risk register due to concerns about the process of getting risks written and approved.
  - Ongoing concern about the fire officer vacancy and its coverage at the regional level.
- **Quality Metrics:**
  - Pressure ulcers remain a concern, with figures exceeding targets.
  - Complaints backlog is being addressed, but targets for response times on complex complaints are not yet met.
  - Incidents of violence and aggression towards staff have risen but showed a slight reduction recently.
  - Falls have increased, but recent improvements have been noted.
  - Stroke metrics are in transition, with new reporting expected soon.
- **Maternity:**
  - New head of midwifery in place, showing improvements in metrics like bookings by 10 weeks and smoking rates at delivery.
  - No concerns about maternal or neonatal deaths.
  - Recent neonatal unit closure due to overcapacity, resulting in the transfer of five women during labor.
- **End of Life Care:**
  - Positive audit results, showing good delivery of care and low complaints.
- **Mortality Reporting:**
  - Expected increase in unexpected deaths reporting for conditions like septicemia, organic mental disorder, and congestive cardiac failure.

RW asked if the mums transferred due to the neonatal unit closure were repatriated. CN believed so but would check for confirmation.

The Chair inquired about the impact on families when the neonatal unit closes and transfers occur. CN agreed

to take this question back to the committee for further discussion.

Finance and Performance Committee - Sally Collier (Sc) provided the following update:

- **Year-End Financial Position:**
  - Substantial assurance that the trust met the break-even position at the end of the year, aided by £8m in recovery funding from the ICB in the last quarter.
  - No year-end spikes in agency spend, indicating good control.
  - Achieved a £24m efficiency saving, the highest ever for the trust.
- **Infrastructure Assessment:**
  - Achieved the highest level in the infrastructure outcome-based modeling assessment (Infram), indicating strong infrastructure despite being termed a "digital desert."
- **Efficiency Plan:**
  - 85% of this year's efficiency plan items identified, though 40% are high risk.
- **New Hospital Programme:**
  - Reasonable assurance on land security and procurement of enabling works.
  - Concerns about the operational plan, particularly around emergency department metrics and 65-week waiting lists.
- **EPR Implementation:**
  - Significant challenges with recruitment, data warehouse issues, and pathway identification, with several risks remaining red.
- **Operational Metrics:**
  - Improvements noted in some cancer metrics and non-criteria to reside figures.
  - Concerns about emergency department metrics and waiting times.

RW raised concerns about recruitment challenges for the EPR project and potential impacts on the new hospital programme. SC acknowledged these challenges and the need to factor in such risks.

JR questioned what Hunter Healthcare does that the trust cannot. SC explained that Hunter Healthcare provides additional resource, focus, and experience, which the trust lacks internally. ShG added that the trust is subscale in corporate functions and needs the group's support to reduce reliance on consultancy.

Audit Committee - John Hennessey (JH) provided the following update:

- **Internal Audit:**
  - The annual report indicated that the trust has an adequate and effective framework for risk management, governance, and internal control.
  - Significant improvement in implementing audit recommendations, with 41 out of 46 recommendations implemented by the meeting date.
  - The trust received reasonable assurance this year, an improvement from limited assurance last year.
- **External Audit:**
  - External auditors are working to finalize the accounts by the end of June.
  - The internal audit program for the current year was agreed upon in February.
- **Counter Fraud:**
  - Positive counter fraud report, with a draft report to be finalized in June.
  - A committee has been set up with the counter fraud team and managers, showing proactive efforts.
- **Risk Register and Board Assurance Framework (BAF):**
  - The committee reviewed the risk register and BAF, noting a mismatch between risk appetite and actual risk levels.
  - Directors are brought in to discuss their risks, providing a comprehensive view.

- **Implementation of Recommendations:**

- The trust has significantly improved in implementing audit recommendations, with a high completion rate.

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## 5. Partnership and Stakeholder Updates

### 5.1. Governors' local updates

Information

#### 5.1.1. Great Yarmouth Health and Wellbeing Partnership Update - Verbal

Information

Emma Flaxman-Taylor (EFT) provided the following update:

##### Partnership Activities:

- The next partnership meeting is scheduled for Monday.
- The partnership involves around 40 partners working on local health inequalities.
- **Current Focus Areas:**
  - Smoking and vaping in children and young people, as well as in pregnant women.
  - Workshops on healthy eating and cooking classes for parents on school sites.
- **Parking and Site Changes:**
  - Ongoing concerns about parking facilities at the James Paget Hospital.
  - Questions about the relocation of certain sites, including a playground at the back of the hospital.
- **Bus Stop Project:**
  - A project is underway to introduce new bus stops closer to Cliff Park High School to reduce the number of students using hospital facilities.

EFT mentioned that the council is sharing communications about parking changes on their Facebook page. A more detailed update will be provided after the next partnership meeting.

#### 5.1.2. Health and Wellbeing Board - Verbal

Information

David Beavan (DB) provided the following update:

- **Housing and Health Integration:**
  - Collaboration between the housing department and the ICB to address health inequalities.
  - Using data on housing insulation values and fuel poverty, integrated with ICB data on long-term and respiratory conditions.
  - Targeted insulation grants for households with multiple individuals suffering from respiratory conditions.
  - Achieving a 25% uptake rate for the insulation grants.
  - A fuller report could be provided to the COG at a future meeting.

DB raised concerns about the parking situation at the hospital, particularly the functionality of the ANPR system. ShG responded that the ANPR system is not yet operational due to software supplier issues, and efforts are ongoing to resolve this.

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### 5.1.3. Others

Governors

Tony Goldson (TG) expressed concern about the lack of discussion and reporting on dementia in the hospital's reports. He highlighted the increasing number of dementia patients and the challenges they pose to the hospital. He questioned what the hospital is doing to manage dementia patients and where these patients are being referred to after their hospital stay. He also raised concerns about the adequacy and standards of care homes available to handle dementia patients.

The Chair acknowledged TG's concern and agreed that dementia had not been specifically called out in the hospital's deep dives. He suggested taking TG's point away for consideration and potentially having a discussion on dementia in future meetings to develop a better understanding of patient and carer needs around dementia.

## 6. Any Other Business and Questions from the Public

Information

Nothing to report.

## 7. Meeting Review

### 7.1. Reflection

Review

#### Andrea Finegan's (AF) Reflection:

- AF appreciated the ample time given for discussion on general topics, allowing detailed exploration of concerns raised by governors. She was pleased with the focus on major projects, emphasizing their importance for future planning and execution.

#### Jason Selvarajah's (JS) Reflection:

- JS echoed AF's sentiments, valuing the opportunity for open discussion and the ability to raise issues freely. He found the conversation flow and engagement valuable.

#### Shane Gordon's (ShG) Reflection:

- ShG found the conversation very engaging and appreciated the connection with local communities. He expressed interest in engaging with governors and local government partners on community initiatives, such as healthy eating campaigns and cookery education. He felt energized by the discussion and saw opportunities for collaboration.

RW suggested creating a shared calendar of events to improve communication and coordination for various programs and initiatives.

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## 8. Next Meeting

Information

Thursday 10 July 2025, Lecture Theatre, Burrage Centre @ 09:00

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## 9. Break before going into Private meeting

DRAFT

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# Council of Governors

10 July 2025



OUR PATIENTS



OUR PEOPLE



OUR PARTNERS



OUR PERFORMANCE

# Executive Managing Director's Update



James Paget  
University Hospitals  
NHS Foundation Trust



## Our Patients

Year 3 Delivery Plan Objective: Deliver our Quality Priorities for Patient Safety, Clinical Effectiveness and Patient Experience; We will focus on reducing length of stay

- All Trusts in England have received a letter from Sir Jim Mackey and Duncan Burton (Chief Medical Officer for England) regarding the Secretary of State for Health and Social Care announcement of a national independent investigation into maternity and neonatal services.
- The letter emphasises the responsibility of all providers to address poor behaviour and team culture, listen to families that raise concerns, work closely with Maternity and Neonatal Voice Partnerships, use data to review quality of services, and tackle inequalities, discrimination and racism within services.
- The Executive team has met and engaged positively with the Maternity and Neonatal team to discuss the investigation, and the improvement working across the department



# Executive Managing Director's Update



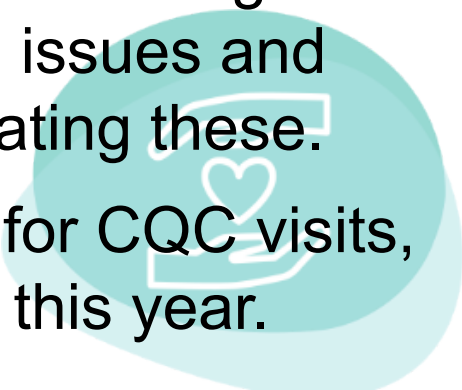
James Paget  
University Hospitals  
NHS Foundation Trust



## Our Patients

Year 3 Delivery Plan Objective: Deliver our Quality Priorities for Patient Safety, Clinical Effectiveness and Patient Experience

- The Trust arranged for a Mock CQC inspection on 26<sup>th</sup> June, conducted by partners from across the system including our ICB, ECCH, NSFT and NNUH.
- There were some areas where improvement is required, such as team members' understanding of safeguarding processes, cleaning regimens, and clinical information left out in the open.
- However, the inspectors' overwhelming impression was of friendly, welcoming and passionate staff who are proud of their services, understand existing issues and challenges, and have clarity about how they were meeting and mitigating these.
- The Trust continues to step up readiness and preparation of all staff for CQC visits, in anticipation of likely inspection of the hospital's maternity services this year.



# Executive Managing Director's Update



James Paget  
University Hospitals  
NHS Foundation Trust



## Our People

Year 3 Delivery Plan Objective: We will redesign corporate support services, aligned to Group model and affordability requirements

- We have engaged with our staff on the requirement to reduce the non-clinical workforce by 50% of how much it has grown between 2019/20 compared to 2024/25 staff levels. This equates to 112 WTE roles, out of a non-clinical workforce of ~1200 across the hospital.
- In June, we launched a Mutually Agreed Resignation Scheme (MARS), which closed on 7<sup>th</sup> July. This provides staff the option of offering to resign from their role and leave the organisation for an agreed settlement, with the job role remaining.
- This process may provide opportunities where other staff at risk could move into vacancies created. Each non-clinical Directorate has also reviewed its organisational design to identify efficiencies.



# Executive Managing Director's Update



James Paget  
University Hospitals  
NHS Foundation Trust



## Our People

Year 3 Delivery Plan Objective: We will redesign corporate support services, aligned to Group model and affordability requirements

- The Trust's HR Business Partners have been supporting all services and departments by providing training for managers to support staff who are experiencing long-term sickness.
- On average, around 6% of our hospital staff is absent through work from sickness, which is comparably higher to other hospitals locally and nationally.
- Alongside training and HR support for line managers and staff, the Trust is in the process of reviewing its Staff Wellbeing plan, which aims to prevent ill health and absence in the workforce, as well as supporting people while at work, or returning to the workplace.



# Executive Managing Director's Update



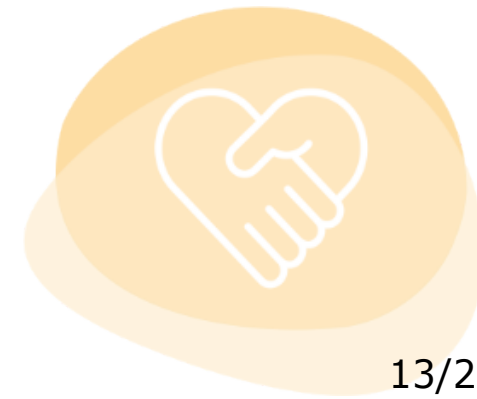
James Paget  
University Hospitals  
NHS Foundation Trust



## Our Partners

Year 3 Delivery Plan Objective: We will work with Group partners to support safe transition to a Group Operating Model for enhanced governance and leadership

- The Norfolk and Waveney University Hospitals Group continues to develop and has conducted two Special Purpose Joint Committee (SPJC) meetings, attended by the James Paget's Managing Director, and chaired by Interim Group Chair Mark Friend.
- The SPJC meetings have focused on reviewing performance and progress of strategic plans (EPR, new hospitals and the Acute Clinical Strategy) and precedes the development of the Hospitals Group Board meetings, which will begin in October 2025.
- Over the next two months, the Hospitals Group will recruit Group Chief Medical Officer and Group Chief Nurse, two important roles on the Group Board



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# Executive Managing Director's Update



James Paget  
University Hospitals  
NHS Foundation Trust



## Our Performance

Year 3 Delivery Plan Objectives: We will deliver a break-even financial position for 25/26, and deliver sustainable financial improvement

- The Trust has implemented an Investment Review Panel to ensure the hospital achieves immediate and long-term financial sustainability within the work of the Financial Intervention Programme.
- The panel will review business cases developed by the Divisions before they are received by the Hospital Management Group and will only review business cases where funding has been fully identified, unless there is a significant risk to clinical safety that requires investment.
- The Panel will also review past investments where post project evaluation has not already taken place, including projects currently signed off or in the process of delivery, to measure their return on investment and performance against KPIs within their original business case, and consider further investment or disinvestment.



# Executive Managing Director's Update



James Paget  
University Hospitals  
NHS Foundation Trust



## Our Performance

Year 3 Delivery Plan Objectives: We will deliver the operational targets as outlined by NHS E planning guidance for Elective, Cancer and Urgent and Emergency Care

- From 1st July 2025, the Trust has committed to deliver the maximum 45-minute ambulance handover, as outlined in NHS England's Urgent and Emergency Care Plan 2025/26.
- This is after a significant and sustained improvement in average ambulance handover times during the months of May and June 2025, which has been recognised by system partners and regional colleagues.
- To support this, the Trust is working with all staff to ensure we are discharging patients quickly and effectively and escalating any barriers to safe flow, including greater use of Criteria-Led Discharge and improved Consultant oversight of referrals for all admissions from the Emergency Department.



# Chief Executive's Update

## Latest news

- Physiotherapist showcases innovative approach to hip surgery recovery <https://www.jpaget.nhs.uk/news-and-events/physiotherapist-showcases-innovative-approach-to-hip-surgery-recovery/>
- New Orthopaedic Outpatient Centre opens <https://www.jpaget.nhs.uk/news-and-events/new-orthopaedic-outpatient-centre-opens/>
- Screening leads to earlier detection of lung cancer <https://www.jpaget.nhs.uk/news-and-events/screening-leads-to-earlier-detection-of-lung-cancer/>



# Executive Managing Director's Update



James Paget  
University Hospitals  
NHS Foundation Trust

## Latest news

- Nursing Scholarship applications open  
<https://www.jpaget.nhs.uk/news-and-events/nursing-scholarship-applications-open/>
- Nurse becomes first at the Paget to issue Fit Notes  
<https://www.jpaget.nhs.uk/news-and-events/nurse-becomes-first-at-the-paget-to-issue-fit-notes/>
- Paget staff recognised for scholarship research work  
<https://www.jpaget.nhs.uk/news-and-events/paget-staff-recognised-for-scholarship-research-work/>

## NURSING SCHOLARSHIP

Start your nursing journey September 2025

- ✓ University tuition fees paid
- ✓ Enrol at UEA or UOS\*
- ✓ Support with your studies
- ✓ Guaranteed employment opportunity at JPUH



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Paget

# Hospital-wide Engagement – Update (1)

- The three hospitals are sharing engagement methods ahead of anticipated Hospitals Group arrangements for Communication and Engagement to be delivered consistently and equitably.
- The James Paget's Engagement Principles (developed last year following surveying our communities) has been shared to inform model of engagement going forward
- Engagement is changing within the 10-year plan for the NHS (including abolition of local Healthwatch organisations) – with the possible expectation that NHS providers / ICBs pick up engagement function with local patients
- New Hospital Engagement (April / June) was delivered successfully – well attended public events, lots of detailed feedback about the vision for the new hospital (see next slide)



# Hospital-wide Engagement – Update (2)

## What are your thoughts about the proposed design and landscaping of the new hospital?

Very positive response to this question from attendees - some have raised their concerns about specific issues such as parking and questioning whether the landscaping will happen or be properly maintained the majority have stated that these plans are welcomed and will provide needed green and open space.

## What are your thoughts about vehicle access strategy for the new hospital?

The majority of attendees responded welcoming the new access to the hospital hoping that it will create a safer entrance and one that will help visitors who use other forms of transport. A few residents raised concerns in relation to the increase of traffic in the local area and whether there will be enough parking for everyone.

## Ranking importance of aspects of the new hospital:

“Delivering high-quality, timely, accessible, patient-centred, and integrated care”, “Helping recruit a committed and compassionate workforce” and “A welcoming hospital that is easy to navigate” all equally received the highest support with over 80% of residents ranking all of these as “very important”.

“Using digital tools to improve patient experience and care” and “Eradicating RAAC and creating a new and safely constructed hospital” were the least supported options with 8% of residents ranking them both as “not important at all”.



# Finance and Performance Committee Chair's Report

**Date of Meeting:** 18 June 2025

**Chair:** Susanne Lindqvist

**Non-executive Director Members Present:** 4

**Executive Director Attendees Present:** 4

**Quorum Met:** Yes

## 1. Substantial assurance items

- Operational performance indicators showed progress: the 52-week referral target and 62-day cancer standard were achieved, and ambulance handover times improved. ED 4-hour performance was better, albeit below target.
- Agency expenditure noted in financial performance.
- Strategic projects:
  - Future Paget Programme demonstrated collaboration with QEH.
  - RAAC remediation is on track, with ongoing plank resurveying and responsive actions.

## 2. Reasonable assurance items

- NCTR numbers stabilising at 115 and length of stay stabilised though remains 50% above plan.
- Financially, month 2 showed an improved position: £2.74m deficit, £0.56m worse than plan; efficiency savings £0.3m behind plan.

## 3. Limited assurance items

- 65-week wait increased to 215 cases; multiple control measures underway.
- Financial pressures continue: underperformance in efficiencies and ERF (£2.1m behind), mid-week staffing gaps, productivity below plan, and unachieved CIP forecasts.
- UEC programme showed limited assurance regarding length of stay.

## 4. No assurance items

- 65-week wait not projected to reach zero by June end.
- Non-elective LOS 50% above plan, equating to approx. 120 extra beds in use, impacting finances and operations.

Delays and reductions in the Future Paget Programme's scope (e.g., 34 fewer beds).

OBC status is red; significant build delays likely.

- RAAC structural risk remains; further reports awaited.

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- EPR project at risk of failing to meet March 2026 go-live. Described as amber though considered red due to financial and operational implications.

## **5. Review of risks**

- Extreme risks: RAAC (Risk 82) and two others (335, 336) discussed; require updating but remain extreme.
- New risk: EPR (Risk 605) noted.
- Some risk register items require updates; COO addressing.
- Mixed assurance: RAAC reassured, EPR not assured.

## **6. Sharing of learning**

- Continuity planning for Hunter Healthcare exit by September.
- Strengthened joint working with QEH to align NHP advice and risk assessments.

## **7. Board advisory**

None noted.

## **8. Matters for other Board Committees**

- Audit Committee: Missing content in annual report, e.g., Green Plan statement—John and Andrea to follow up.

## **9. Conclusion**

The Committee achieved quorum and reviewed a comprehensive range of operational and strategic matters. While some progress is evident, areas of concern—particularly around long waits, project delivery, and financial gaps—require close Board oversight and timely intervention.

Stebbing, Susan  
07/07/2025 14:38:22

# People and Culture Committee Chair's Report

**Date of Meeting:** 19 June 2025

**Chair:** Stephen Javes

**Non-executive Director Members Present:** 2

**Executive Director Attendees Present:** 4

**Quorum Met:** Yes

## 1. Substantial assurance items

- Freedom to Speak Up arrangements were discussed and assured.

## 2. Reasonable assurance items

- Board Assurance Framework and Risk Register were reviewed.
- Integrated Performance Report was discussed.
- Nursing Revalidation Annual Report and Staff Experience Plan were received.

## 3. Limited assurance items

None.

## 4. No assurance items

None.

## 5. Review of risks

- Leadership capacity flagged to be included in the Trust's top five risks.
- Capacity concerns remain regarding management and NHSE staff reductions (112 WTE), with financial savings delayed until late July.
- Ongoing maternity culture concerns persist.
- Appraisals remain below target.
- Long-term sickness saw slight improvement.
- New Band 6 nurses under the revised nursing profiles will require significant support and training.

## 6. Sharing of learning

None.

## 7. Board advisory

None.

## 8. Matters for other Board Committees

None.

## 9. Conclusion

The Committee confirmed quorum and gave reasonable assurance across several key workforce items. However, it noted pressing issues with leadership capacity, maternity culture, and delayed realisation of savings from staff reductions.

Stebbing, Susan  
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# Patient Safety and Quality Committee Chair's Report

**Date of Meeting:** 17 June 2025

**Chair:** Sarah Whiteman

**Non-executive Director Members Present:** 2

**Executive Director Attendees Present:** 3

**Quorum Met:** Yes

## 1. Substantial assurance items

- Progress noted in reducing harms from falls.
- Audit programme positive overall, though final outcomes are pending.

## 2. Reasonable assurance items

- Mortality indicators were reviewed; coding concerns noted, with SHMI trending upwards as predicted but still within normal limits.

## 3. Limited assurance items

- Maternity services: positive direction with the CQC Action Plan and new Consultant Midwife clinics aimed at reducing LSCS rates. However, systemic issues persist due to lack of digital tools—highlighted by recent MNSI case involving care quality for a non-English speaking patient.
- Pressure ulcers: validation of grading is ongoing, and the Committee remains concerned about the lack of progress in reducing moisture lesion incidence.

## 4. No assurance items

- Complaints management remains significantly below target, with only 9% of complex cases resolved within 60 days and no non-complex complaints resolved within 47 days.

## 5. Review of risks

- Focused on patient safety and quality metrics, including mortality, complaints, and maternity services. Assurance varied across areas, with digital infrastructure highlighted as a gap.

## 6. Sharing of learning

- A joint PSQ meeting with QEH and NNUH is scheduled for 24 June 2025 to align assurance mechanisms across Trusts.

## 7. Board advisory

Future Board assurance on PSQ across the three Trusts may be streamlined via local, Exec-led PSQ committees.

## 8. Matters for other Board Committees

None.

## **9. Conclusion**

Quorum was confirmed. The Committee received substantial assurance in falls prevention and audit, though major gaps were noted in complaints management and maternity digital support. Upcoming collaborative efforts may help strengthen assurance across the wider Group.

Stebbing, Susan  
07/07/2025 14:38:22

# Audit Committee Chair's Report

**Date of Meeting:** 23 June 2025

**Chair:** John Hennessey

**Non-executive Director Members Present:** 1

**Executive Director Attendees Present:** 2

**Quorum Met:** Yes

## Substantial assurance items

- The Committee reviewed the draft ISA 260 Year End Report from KPMG, which provided a comprehensive overview of the external audit findings and did not raise any material concerns, offering substantial assurance on the audit process and financial reporting.
- The 2024/25 Annual Accounts were presented and considered in detail, reflecting a breakeven position on a control total basis and a positive year-end cash balance. These figures were underpinned by significant non-recurrent funding and capital investments.
- The Annual Governance Statement was reviewed, outlining the Trust's risk and control framework and providing an overall opinion on the system of internal control and risk management during 2024/25

## Reasonable assurance items

- The Committee received the Anti-Crime Annual Report from TIAA, summarising counter fraud activity and investigations, and providing assurance over fraud prevention measures.

## Limited assurance items

- None recorded.

## No assurance items

- None reported.

## Review of risks

- Risk elements were considered in relation to the Annual Governance Statement and financial reporting, including the Trust's going concern assessment and external audit scrutiny of year-end balances.

## Sharing of learning

- No specific items for shared learning were discussed at this meeting.

## Board advisory

- The Committee recommends that the Trust Board approve the 2024/25 Annual Accounts and the Annual Governance Statement, subject to completion of the external audit and inclusion of final documentation.

## Matters for other Board Committees

Stebbing, Susan  
07/07/2025 14:08:22

- None identified for referral.

## **Conclusion**

- This was a focused session of the Audit Committee, convened to ensure timely review of statutory annual reporting. The Committee fulfilled its remit by scrutinising key documents and receiving professional assurance from internal and external audit functions.
- The Chair noted the timeliness of drafts and the quality of prior scrutiny of materials and expressed appreciation to the Executives and their teams, and to the Secretariat for their ongoing commitment and diligence in supporting the Committee's work.
- The Committee recommends Board approval of the finalised Annual Report and Accounts for 2024/25.

Stebbing, Susan  
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